



DEPARTMENT OF GAME AND INLAND FISHERIES  
BOAT REGISTRATION AND TITLING SECTION  
4010 W. BROAD ST., PO BOX 11528  
RICHMOND, VA 23230  
(804) 367-6135

## APPLICATION FOR SUPPLEMENTAL LIEN OR TRANSFER OF LIEN

TO RECORD A LIEN, CREATED BY THE TITLED OWNER AFTER THE ORIGINAL CERTIFICATE OF TITLE HAS BEEN ISSUED, PLEASE SUBMIT:

- A. This application for Supplemental Lien completed and signed by the titled owner(s) whose name(s) appear on the face of the Certificate of Title to a Vessel.
- B. The original Certificate of Title to a Vessel
- C. Fee of \$7.00 – Please make check or money order payable to: “**Treasurer of Virginia**”.

### Name of Titled Owner(s)

- |  |  |
|--|--|
| <p>1. SSN or FIN: _____</p> <p>Name: _____<br/>                    First                    MI                    Last</p> <p>Address: _____<br/>_____<br/>_____</p> <p>City                                    State                    Zip</p> | <p>2. SSN or FIN: _____</p> <p>Name: _____<br/>                    First                    MI                    Last</p> <p>Address: _____<br/>_____<br/>_____</p> <p>City                                    State                    Zip</p> |
|--|--|

### 3. Boat Description

_____	_____	_____
Boat Registration/Title Number	Make of Boat	Year Built
_____	_____	_____
FT IN		
Length	Hull Identification Number	

### 4. Description of Motor(s) to be Recorded on Certificate of Title: (For Motors in Excess of 25 Horsepower Only)

<p><u>First Motor:</u></p> <p>Make: _____</p> <p>Serial Number: _____</p> <p>Horsepower: _____</p>	<p><u>Second Motor:</u></p> <p>Make: _____</p> <p>Serial Number: _____</p> <p>Horsepower: _____</p>
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### 5. Propulsion of Motor(s): (Check One)

_____ Outboard	_____ Inboard
_____ Inboard/Outboard	_____ Jet
_____ Sail/Inboard	_____ Sail/Outboard

### 6. Fuel: (Check One)

\_\_\_\_\_ Gasoline  
\_\_\_\_\_ Diesel

### 7. Date of Lien: \_\_\_\_\_

Name of Lienholder: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 8. Signature of All Titled Owner/Owners:

X \_\_\_\_\_ X \_\_\_\_\_

(For Lienholder's Transferring a Lien – See Back of This Form)



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### **TRANSFER OF LIEN – (For Lienholder's Use Only)**

COMPLETE THE FOLLOWING ONLY TO TRANSFER EXISTING LIEN TO NEW OWNER LIENHOLDER:

1. **Date of Lien:** \_\_\_\_\_

**Name of New Lienholder:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

The undersigned lienholders acknowledge this to be their free and voluntary act.

\_\_\_\_\_  
Name of Current Lienholder

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of New Lienholder

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date